

**CASEFLOW REQUEST**

JD-CV-116 Rev. 1-16

**STATE OF CONNECTICUT****SUPERIOR COURT**

www.jud.ct.gov

**CSFLREQ****Instructions**

1. Fill out all sections and file with the court.
2. File at least 3 days before the date of the scheduled event.

**Note:** If the request is granted, the court will try to schedule the event for the requested date. However, if that date is not available, it will be scheduled for the next available date.

Name of case (First-named plaintiff v. First-named defendant)

**Donna L. Soto, Administratrix of the Estate of Victoria L. Soto, et al v. Bushmaster Firearms International, LLC, et al.**

Judicial District of

**Fairfield**

Date of request

**6/13/16**

Date of scheduled event (if applicable)

**6/20/16**

Name of Judge who scheduled the event (if applicable)

**The Honorable Barbara Bellis**

Docket number

**FBT CV 15****- 6048103****(S)****Requested Action** ("X" box(es) that apply and give reason(s) for request below)

- ☐ Status Conference on or about: \_\_\_\_\_ Date \_\_\_\_\_
- ☐ Client/adjuster to be available by phone for \_\_\_\_\_ scheduled on \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_
- ☐ Pretrial on or about \_\_\_\_\_ Date \_\_\_\_\_
- ☐ Party to be excused from \_\_\_\_\_ scheduled on \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_
- ☒ Other: **Adjudication of #192.00 and #193.00**

**Reason(s) for request:**

**Per the Court's Order, matters ready for adjudication on or before the June 20, 2016 status conference are to be raised by Caseflow Request. Counsel for the Remington defendants consents to this request for adjudication. We have not received positions from counsel for the Camfour defendants or from counsel for the Riverview defendants.**

I agree to notify my client and all counsel of record and self-represented parties whether the requested action is granted or denied, and if granted, the specific ruling of the court. I have told all counsel and self-represented parties of record that I would be asking for the requested action. **All Counsel and Self-represented Parties:**

- ☐ Consent ☐ Do not consent to the action requested above

Signed (Person making request)

Name of attorney and juris number or self-represented party (Print or type)

**Alinor C. Sterling****#411754**

The person requesting the action is the:

- ☐ Plaintiff ☐ Defendant ☒ Attorney for Plaintiff ☐ Attorney for Defendant

Firm name (if applicable)

**Koskoff, Koskoff & Bieder, PC**

Address

**350 Fairfield Avenue, Bridgeport, CT 06604**

Telephone number (with area code)

**(203) 336-4421**

I certify that a copy of the above was mailed or delivered on the date shown below to all counsel and self-represented parties of record. A sheet is attached listing the name and address of each party the copy was mailed or delivered to.

Signed (Individual attorney or self-represented party)

Date

**6/13/16****Order**

Request is

- ☐ Granted ☐ Denied

Signed (Judge)

Date

**ADA NOTICE**

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